

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002481  
1. Corporation Name

SEAWINDS TOWNHOMES AT HARBOR ISLANDS ASSOCIATION, INC.

Principal Place of Business  
255 ALHAMBRA CIRCLE  
8th FLOOR  
CORAL GABLES, FL 33134

Mailing Address  
P.O. BOX 526000  
MIAMI, FL 33152

3. Date Incorporated or Qualified	3a. Date of Last Report
05/22/95	
4. FEI Number	Applied For
65-0648104	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GETMAN, DENNIS J. 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES L.	12 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETMAN, DENNIS J.	22 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	24 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I.	32 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	34 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANEL, AMIKAM	42 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	44 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPSHIN, JEFFREY A.	52 NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: Juanita I. Kerrigan, VP/Secretary/Director 4/30/96 (305) 442-7000  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JUANITA I. KERRIGAN

CR2E037 (12/95)